

Kalvin

REF

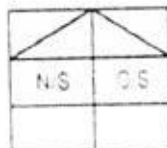
NS/TNC18002866/Klgbn2

ASSIGNMENT

SHD 7B2R

10 Nov 2016

From: [Blank]
 Estimated Cost: [Blank]
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: [Blank]
 at Workshop m/s: [Blank]
 of: [Blank]
 Insured: SJF 7099U
 Policy No: 5091731828 16.10.17
 Claims No: MT10983803-001
 Sum Insured: [Blank] Excess: [Blank]
 (Client's Record): [Blank]
 Make of Veh: [Blank]



(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

Bal or Market Value: [Blank]
 IDAC Accident Report: [Blank] Consistent? Yes or No
 GIA PR Seen: [Blank] Consistent? Yes or No
 Est. Repairs: 2 days Res: Yes or No
 Lum Sum: [Blank] 3 Val: Yes or No

CA / REV / REP / 24 HRS
 Date: [Blank] Person Contacted: [Blank] Vehicle IN / OUT

Can No: [Blank]
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover
 Truck / Trailer: [Blank]
 Make: Hyundai 2.0 1685
 Colour: Blue
 Sp Reading: 212970
 Insured: [Blank] Std / Nil / NA
 Eng No: [Blank]
 C No: KMHLB414AH6096281
 Gen Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt
 Brake: In order / Jammed / Leaked / Burnt
 Mod: Nil / S/Rim / STD A/Rim
 Tyre Size: F 205/60R16
 R [Blank]
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO: [Blank]
 Front: [Blank] Rear: [Blank]
 R Bal: 2 mm R Ba: 2 mm
 L Bal: 2 mm L Ba: 2 mm
 D O A: 10/2/18 D O C: 12/2/18
 Survey held at: CDE (bun)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop
 0/5 Front.
 The U/C / Chassis frame / Body Structure affected due to collision

Date Time Action Instruction
 23/2/18 SHD 7132R - (103 / 1701709055 / H1pb3g) DUA: 05052017 ZM PIP
 SJF 7099U - x
 Contact PIP \$2137.52 / 24h (Rtd \$578.48, 21%)

RECEIVED 20 FEB 2018

Date Time File Pass to: [Blank]
 28/2 [Signature]
 Date Time File Return to: [Blank]
 Report Format: TP
 Lump Sum I.B.I: 2137.52

Days Of Repair: 2
 Resurvey No. of Trip: 1

Add Fee: [Blank] Site Insp: \$
 [Blank] [Blank] \$
 [Blank] [Blank] \$
 [Blank] [Blank] \$

Survey Fee: [Blank]
 160
 35
 195



National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18002866/K1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 13-02-2018
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJF 7099U	Veh. Inspected	SHD 7132R
Policy No.	5091731828	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	12/02/2018

2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--

5. General Information

Accident Date	10/02/2018	Inspection Date	12/02/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

Survey Department Check List (Case Handler)

Reference No.: NS/NCI 8002866/Krgb
Policy Type: OD / TP / TP RES / TL / EVA

SHO 732R

Case Handler

Typist

Admin (Cath): Case handler to make sure all Information created by the assignment team are ACCURATE.

(1) Office Assign Form		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code	✓			
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No	✓			
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

Surveyor (Kalvin): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form		Y-Date	N-Date	Y-Date	N-Date
C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
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(3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
---	-------------------------	---	--	--	--

Check By: [Signature] 28/6/10
Case Handler Date

TP Claims against NTUC Income: Follow-Through Survey

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/0983795-001	SMRT TAXIS PTE LTD	SHF 463X	SJN 9459J
2	MT/0981796-002	SMRT TAXIS PTE LTD	SHC 4663A	GBA 6665M
3	MT/0975626-001	COMFORT TRANSPORTATION PTE LTD	SHD 7056C	GBB 1942R
4	MT/0981648-002	COMFORT TRANSPORTATION PTE LTD	SHC 1712L	SGH 1324J
5	MT/0983803-001	COMFORT TRANSPORTATION PTE LTD	SHD 7132R	SJF 7099U
6	MT/0982121-002	CITYCAB PTE LTD	SHC 813K	FY 9030B
7	MT/0983229-002	COMFORT TRANSPORTATION PTE LTD	SHB 6683J	FBL 894A
8	MT/0981814-002	COMFORT TRANSPORTATION PTE LTD	SHA 7150D	SGK1749B
9	MT/0974867-002	COMFORT TRANSPORTATION PTE LTD	SHC 8221R	SJR 8271T
10	MT/0983812-001	CITYCAB PTE LTD	SHC 600H	SKH 1597R
11	MT/0981491-002	COMFORT TRANSPORTATION PTE LTD	SHC 8248P	SJL 8210B
12	MT/0982113-002	COMFORT TRANSPORTATION PTE LTD	SHC 2469H	SJE 4769U
13	MT/0976388-001	COMFORT TRANSPORTATION PTE LTD	SHD 3298Y	SKP 4054D
14	MT/0977790-003	SMRT TAXIS PTE LTD	SHC 4018M	SKK 7897U
15	MT/0983818-001	CITYCAB PTE LTD	SHB 3377M	SJN 6180G
16	MT/0974783-002	COMFORT TRANSPORTATION PTE LTD	SHC 8897R	SJB 8136K
17	MT/0974882-002	COMFORT TRANSPORTATION PTE LTD	SHD 3364P	GBF 2607G

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="10/02/2018 13:11"/>						
Vehicle No.(For Motor)	<input type="text" value="SJF7099U"/>								
<input type="button" value="Search"/>									
Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5091731828	NEEDS CARS	53360290D	GFT	Third Party	SJF7099U	SJF7099U	16/10/2017	
<input type="button" value="Continue"/>									

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	12/02/2018 08:10
Date Of Accident	10/02/2018 17:20
Exact Location Of Accident	PASIR RIS DR 3 TWDS LOYANG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7132R
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	SUM CHEE KUEN
NRIC No	S1797130A
Date Of Birth	22/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	05/04/1994
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	739 #11-11 PASIR RIS DRIVE 10
Postcode	510739
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE ATTACH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJF7099U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

LEFT REAR

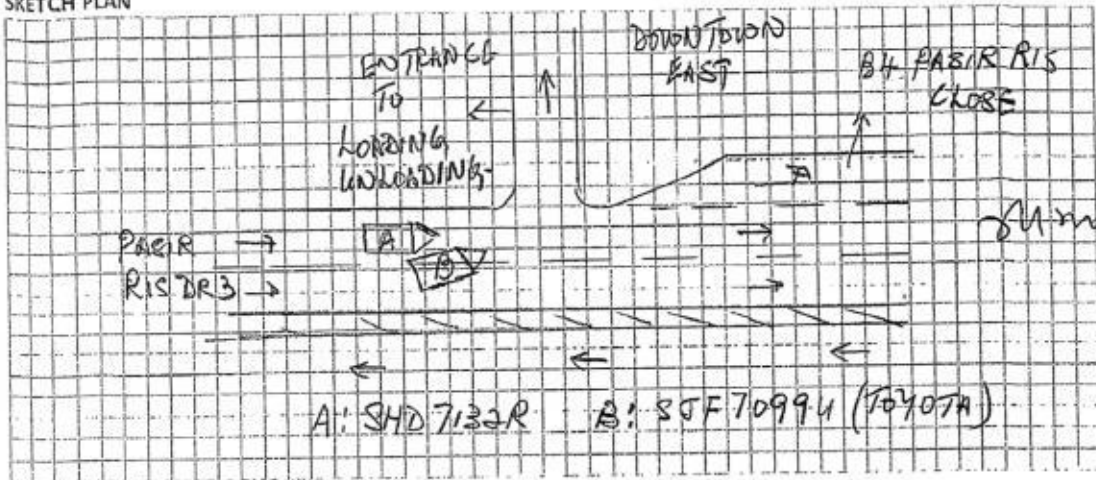
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	SUM CHEE KUEN
Approximate Age	51
Injuries Sustain	NECK,RHT SHOULDER
Injured person in which vehicle?	SHD7132R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:

11/02/18

Sketch Plan Pg. 2

Describe Circumstances of the Accident
On 10 Feb 2018 at about 17:20 hrs I was driving straight on the left lane along Pasir Ris Dr 3
heading towards the direction of Pasir Ris Close.
Somewhere before Pasir Ris Close suddenly a Toyota car SJF7099U coming from my right in a
speedy manner cut sharply into my lane. Upon seeing this, I immediately honked at the car
at the same time hit the brakes and swerved slightly to my left to avoid a collision but it was
too late.
In the process the left hand side of the car hit and grazed the right hand side front including
the right hand side front wheel of my taxi thus damaging them. The ensuing impact of the
caused the steering system of my taxi to be affected as well.
03 passengers(1 male and 2 female) on board my taxi. No injury at the point of the accident.
However after the accident I felt pain to my neck and right shoulder. I will consult a Doctor
later on.
Enclosed is a video footage to support my claims.

Declaration

I/We declare the foregoing particulars are true in every respect.

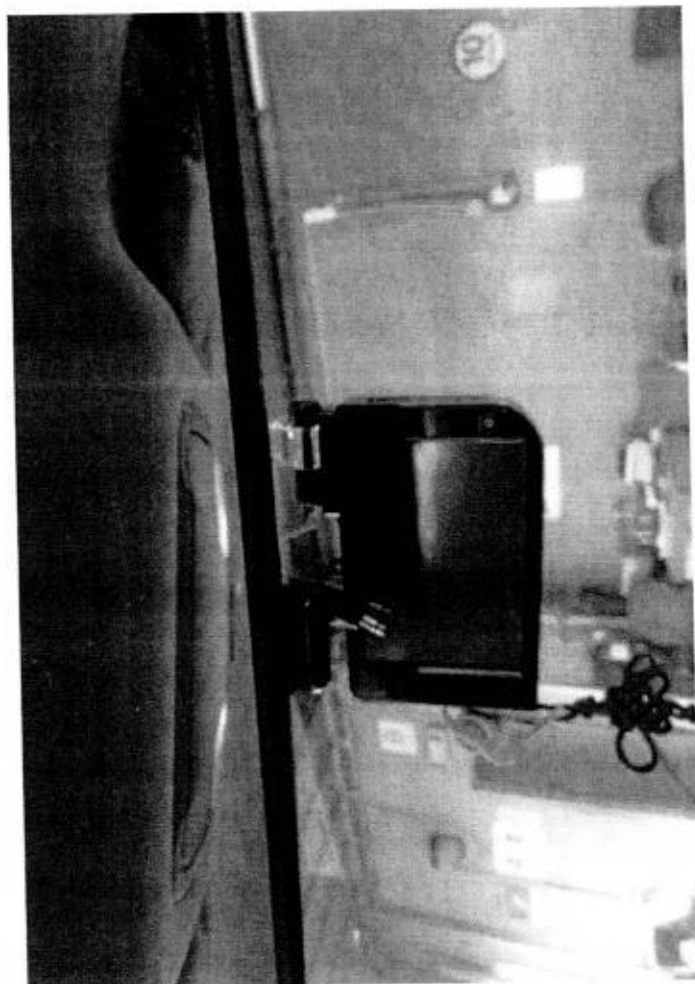
COMFORT TRANSPORTATION PTE LTD.
CO REG. NO. 199303821R

Policyholder's Signature/Date &
Time

Driver's Signature (If driver is not the policyholder) /Date
& Time

11/02/18

Witnessed by Reporting
Centre Personnel



Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305115852

CUSTOMER

REGN NO.

SHD7132R

MILEAGE

VMS

COMFORT TRANSPORTATION PTE LTD

MAKE:

HYUNDAI

FUEL

CUSTOMER NO.

7010045

E.....1/2.....F

ADDRESS

383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755

MODEL

I-40

11.02.2018 10:30

DATE/TIME IN

(R)

(O)

YR OF MANU.

10.11.2016

TARGET DATE

(P)

CHASSIS CODE

KMHLB41UMHU096281

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 10.02.2018

NATURE: 3P 10.02.2018

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHD7132R LKE/KALVIN

Vehicle No.: SHD7132R

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 7132R

DATE 12/2/2018 10:16

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — <i>Detent</i>			\$ 562.30 1052.20
	Front Bumper Bracket Top (RH) <i>X 50</i>			\$ 22.40
	Front Bumper Retainer Mounting <i>X 50</i>			\$ 9.20
	Front Fender (RH) — <i>Panel</i>			\$ 619.00
	Front Fender Shield (RH) <i>X 50</i>			\$ 169.80
	Front Fender Retainer <i>X 50</i>			\$ 9.20
	Front Wheel Hub Cap — <i>branded</i>			\$ 150.70
	SUB TOTAL			\$ 1,542.60
	LESS 20%			\$ 308.52
	DISCOUNTED TOTAL			\$ 1,234.08
	Labour Charge			
	Panel Beating			\$ 560.00 300
	Spray Painting Charge			\$ 400.00 360
	Tuff Kote			\$ 50.00 20
	Frt Wheel Alignment			\$ 80.00 40
	TOTAL LABOUR			\$ 1,090.00
	ESTIMATE TOTAL			\$ 2,324.08
<i>Ka Lu 11/11/18</i> <i>12/2/18 11:56</i> <i>2018</i> <i>P/P</i> <i>Before Paid pls</i>				<i>2716</i>
<div> LKK Auto Consultants hence notify the Repairer of the following: <ul style="list-style-type: none"> To resurvey before/after spray painting To display damaged part(s) during re-survey Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis No illegal modification(s) allowed Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company </div>				
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				

COMFORTDELGRO ENGINEERING PTE LTD

Date: 14.02.2018

Time: 18:53:29

REPAIR ESTIMATE

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305115852
REGN NO : SHD7132R
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 10.11.2016
DATE/TIME IN : 11.02.2018 10:30
ACCIDENT DATE : 10.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1	1,052.20	20.00	841.76
0002 04-01-0103-0573-G	I40VC PANEL-FENDER RH#	1	619.00	20.00	495.20
0003 04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	150.70	20.00	120.56

SUB-TOTAL : 1,457.52

JOB NATURE

0000 L	PANEL BEATING	300.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	360.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	20.00

SUB-TOTAL : 680.00

TOTAL : 2,137.52

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305115852
Date : 09/02/18

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. : SHD7132R CTPL

Fax :

10.02.18

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: NTUC --- SJF7099U
2. The finalized amount shall be:


(a) Spare Parts after List discount	\$1,457.52
(b) Labour Charges	\$680.00
Total for Part-By-Part Repair Cost	\$2,137.52
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	
Final Lumpsum Repair cost	


3. Estimated normal period for repairs: 2 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Calvin
Date : 23/2/18

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



Thatcham escribe

National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18002866/K1qbn2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 02-03-2018



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJF 7099U	Veh. Inspected	SHD 7132R
Policy No.	5091731828	Coverage (\$)	0.00
Claim No.	MT/0983803-001	Excess (\$)	0.00
Assign From		Assign Date	12/02/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMHU096281	Colour	BLUE
Odometer	217970	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	10/02/2018	Inspection Date	12/02/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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National Assessment Centre Services

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 7132R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER COVER	DEFORMED	1,052.20	1,052.20
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER RETAINER MOUNTING	SERVICEABLE	9.20	-
1	FRONT FENDER (RH)	DENTED	619.00	619.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	169.80	-
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
1	FRONT WHEEL HUB CAP	GRAZED	150.70	150.70
	LESS 20% DISCOUNT		-406.50	-364.38
			1,626.00	1,457.52
	<u>LABOUR</u>			
	THATCHAM STANDARD REPAIR TIME ON BODY WORKS.		640.00	300.00
	THATCHAM TTS STANDARD SPRAY PAINTING COST AND LABOUR.		450.00	380.00
			1,090.00	680.00
	GRAND TOTAL		2,716.00	2,137.52
RECOMMENDED COST OF REPAIRS (CONFIRMED)				2,137.52

Report Ref No. NS/INC18002866/K1qbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K. LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,
MInstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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